

**Officeholder and Candidate
Campaign Statement –
Short Form**

9/28/22 (1)

Date of election if applicable:
(Month, Day, Year)

11/08/2022

Amendment (Explain Below)

Date Stamp

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CAMPAIGN FINANCIAL

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Yadranka Draskovic

STREET ADDRESS

CITY STATE ZIP CODE

Los Angeles ca 90045

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

310 902 4129 yadranka4esusd@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

School Board

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

El Segundo

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
LA GOP	jw66adrcc@gmail.com	Janice Webb

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on 9/27/2022 DATE

By _____ DATE